Revision: HCFA-PM- 91-10 DECEMBER 1991

(MB)

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State/Territory: ILLINOIS

Citation 42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

4.14 Utilization/Quality Control

A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. requirements of 42 CFR Part 456 are met:

Directly

- X By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--
 - (1) Meets the requirements of \$434.6(a);
 - (2) Includes a monitoring and evaluation plan to ensure **satisfactory** performance;
 - (3) Identifies the services and providers subject to PRO review;
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes,
- X Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.
- By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (section 9431)

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Revision: MAY 1985	HCFA-PH-85-3	(BERC)
MAI 1903	State:	Illinois
		CMB NO. 0938-0193
<u>Citation</u> 42 CFR 456 50 FR 1531		(b) The Hedicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.
		Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designate under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
•	• .	Utilization review is performed in accordance with 42 CFR Part 456, Subpart H that specifies the conditions of a waiver of the requirements of Subpart C for:
		// All hospitals (other than mental hospitals).
		. // Those specified in the waiver.
		/X/ No waivers have been granted.
		-
		•
•		HCFA-179 # 25-19 Date Rec'd 10/11/55 Supercedes 75-13 Date Appr. 11/22/55
•		State Rep. In Date Eff
TN No. 85- Supersedes TN No. 75-	Ap	proval Date Bffective Date

HCFA ID: 0048P/0002P



Revision: HCFA MAY 1985	-PH-85-3	(BERC)
	ate:	Illinois
•		OMB NO. 0938-0193
<u>Citation</u> 42 CFR 456.2 50 FR 15312	4.14	(c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.
-		// Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designate under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
		// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H that specifies the conditions of a waiver of the requirements of Subpart D for:
		// All mental hospitals.
		// Those specified in the waiver.
		<u>√X</u> / Bo waivers have been granted.
		Supercedes 75-18 Date Appr. 1/32 State Rep. In Date Eff
TN No. 85-14 Supersedes TN No. 75-18	Apj	proval Date Effective Date _10-1-85

HCFA ID: 0048P/0002P

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Revision:	HCFA-PM-85-3	(BERC)
MAY 1985	State:	Illinois
	•	OND NO. 0938-0193
Citation 42 CFR 456 50 FR 1531		(d) The Hedicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.
		// Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
		// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:
		All skilled nursing facilities.
- 5		// Those specified in the waiver.
-	· -	/ W No waivers have been granted.
		_ so werest more seen statement
		•
		-
TW No. 85- Supersedes TW No. 75-	App	proval Date Bffective Date10-1-85
	_	HCFA ID: 0048P/0002P
		HCFA-179 #_ 85-14 Late Rec'd 10/1/85

MAY 1985

Revision: HCFA-PM-85-3

(BERC)

ILLINOIS State:

ONE NO. 0938-0193

Citation 42 CFR 456.2 50 PR 15312

4.14 (-/(e) The Medicald agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

- /7 Facility-based review.
- EX Direct review by personnel of the medical assistance unit of the State agency.
- // Personnel under contract to the medical assistance unit of the State agency.
- // Utilization and Quality Control Peer Review Organizations.
- // Another method as described in ATTACHMENT 4.14-A.
- // Two or more of the above methods. ATTACHOUNT 4.14-B describes the circumstances under which each method is used.
- // Not applicable. Intermediate care facility services are not provided under this plan.

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

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Citation

1902(a)(30) and 1902(d) of the Act, P.L. 99-509 (Section 9431) P.L. 99-203 (section 4113)

4.14 Utilization/Quality Control (Continued)

- (f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of qualit furnished by each health maintenance organization under contract with the Medicai agency. Independent, external quality review are performed annually by:
 - X A Utilization and Quality Control Pee Review Organization designated under 4 CFR Part 462 that has a contract with thagency to perform those reviews.
 - ___ A private accreditation body.
 - An entity that meets the requirements c the Act, as determined by the Secretary

The Medicaid agency certifies that the entit in the preceding subcategory under 4.14(f): not an agency of the State.